



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
KUGISAKI	CRAIG	T.	528-0557
MAILING ADDRESS (Street)			FAX
American Savings Bank Tower, Suite 2727, 1001 Bishop Street			528-0641
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
CRAIG T. KUGISAKI, ATTORNEY AT LAW, A LAW CORPORATION			528-0557
MAILING ADDRESS (Street)			FAX
American Savings Bank Tower, Suite 2727, 1001 Bishop Street			528-0641
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

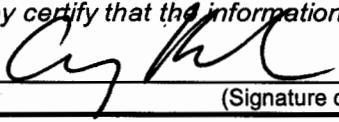
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
ALLIANCE OF RESIDENTIAL CARE ADMINISTRATORS (ARCA)		
MAILING ADDRESS (Street)		FAX
P. O. Box 758		833-7898 (office) 422-0888 (res.)
(City)	(State)	(Zip Code)
Pearl City	Hawaii	96782
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
ERLINDA RAMOS, Treasurer		
MAILING ADDRESS (Street)		FAX
P. O. Box 758		
(City)	(State)	(Zip Code)
Pearl City	Hawaii	96782

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

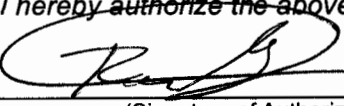


(Signature of Lobbyist)

December 29, 2004

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
RON GALLEGOS		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
ALLIANCE OF RESIDENTIAL CARE ADMINISTRATORS (ARCA)		306-8886	
MAILING ADDRESS (Street)		FAX	
1447 Uila Street		833-7898 (office) 422-0888 (res.)	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96818	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		1-3-05	
(Signature of Authorizing Officer or Person Represented)		(Date)	